

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) BIC-1174-1-C1								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Michel PAIRET, et al.</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/776,757</td> <td style="padding: 5px;">Filed February 11, 2004</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">PHARMACEUTICAL COMPOSITIONS BASED ON For ANTICHOLINERGICS AND CORTICOSTEROIDS</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1617</td> <td style="padding: 5px;">Examiner Carlic K. Huynh</td> </tr> </table>			In re Application of Michel PAIRET, et al.		Application Number 10/776,757	Filed February 11, 2004	PHARMACEUTICAL COMPOSITIONS BASED ON For ANTICHOLINERGICS AND CORTICOSTEROIDS		Group Art Unit 1617	Examiner Carlic K. Huynh
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ _____ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$450.00 <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____ </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 <p style="margin-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). <p style="margin-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">August 21, 2007</p> <p style="text-align: center;">Date</p> </div> <div style="width: 45%; text-align: right;"> <p style="text-align: center;">/John A. Sopp/</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">John A. Sopp, Reg. No. 33,103</p> <p style="text-align: center;">Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										